PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003									10117	3/8	51		
		CLAIMS A	S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			32		-		ŀ [RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			32 minus 20=		* 12			X\$ 9=		OR	X\$18=	216	
INDEPENDENT CLAIMS			2 minus 3 =		0			X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PI			RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in co			column 2	L	TOTAL		OR	TOTAL	986	
	C	CLAIMS AS A (Column 1)	MENDED	(Colum	nn 2)	(Column 3)	_	SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* ENTATION OF MI	Minus	***	CL AIM	=		X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL DDIT. FEE	·	OR	TOTAL ADDIT, FEE		
		(Column 1)	~	DDH. F.E.			40011. T LL						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CL AIM			X43=		OR	X86=		
		With the state of	THE LE DE.	LIVEIT.		<u> </u>	¹ [+145=		OR	+290=		
							Αſ	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE		
T		(Column 1)				,	_						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		-	1					
* Mithe cate in column 4 in less than the private column 0 units 400 in cature 0											+290=		
** If the entry in column 1 is less than the intry in column 2, write 0 in column 3. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OR ADDIT. FEE													
		ber Previously Paid					r found	d in the app	ropriate box	in colu	ımn 1.		